Health Plan/Program Contractor Changes Required to Support the AHCCCS Validator Project
June 15, 2007

As previously communicated, AHCCCS will be implementing the new EDI validation process in September (for the October Encounter Cycle). As a result, there will be a number of changes required by all Contractors to support the implementation of the AHCCCS validator solution. The intent of these changes is, where feasible, to simplify and streamline related processes.

First, AHCCCSA will be handling proprietary files and X12 / NCPDP 5.1 files under separate data flow processes as outlined later in this communication.

There will also be changes to the 997 and 824 transactions sent by AHCCCSA. More information specific to these changes will be provided to you prior to the beginning of the planned testing period, currently scheduled to begin sometime during the week of June 18, 2007.

In the near future AHCCCS will be adding the capability in Transaction Insight (TI) to match the 997 sent out to the Contractor to the original file submitted. This will allow the plans to view the original file and see the status of the 997 from the same screen in TI. Successful matching requires that a unique identifier be submitted in the GS06 for each file. If there is not a unique value supplied in the GS06, the 997 responses will be imported to TI, but not matched with the original file, making research much more difficult for the Contractor.

In addition, there are significant changes to the required BBA Attestation process. The detail of these process changes are outlined later in this document.

Finally, with implementation of the Validator, Contractors encounters will be subject to standard, upfront CCI editing.

The timelines related to the testing of the Validator solution and these changes will be as follows:
- Trading partner testing of the new EDI process, including Health Plan/Program Contractor access to Transaction Insight (TI) Portal is scheduled to begin 6/18/07. Test files dropped in the NEW locations, as described below, will be processed in a separate test environment through validation and translation only. These files will NOT be imported to the PMMIS Acceptance Test Environment (ATR) region for adjudication.

- After 8/1/07, test files dropped to the new location will be validated, translated, imported to PMMIS ATR and adjudicated.
- To support ongoing NPI and other Health Plan/Program Contractor testing, test files dropped to the current FTP locations before 8/1/07 will be translated and imported to PMMIS ATR.
- Files dropped to these same locations after 8/1/07 will be handled as described below.

Please don't hesitate to contact the AHCCCS HIPAA Workgroup at AHCCCSHIPAAWorkgroup@azahcccs.gov if you have any questions.

Separation of Data Flow Processes

For Proprietary Files (Pend Correction and NCPDP 3.2)

1. Proprietary files are defined as the Pend Correction or NCPDP 3.2 only. No other proprietary format new day files are acceptable and should not be submitted. Files beginning with FA, FB, FC and FD (Proprietary new day) will not be processed.
2. File naming conventions do not change for pend corrections or NCPDP 3.2 files.
3. Files must continue to be zipped.
4. Files must be placed in folder hhh/Encounter/xxxxxxIN/PROD, where hhh is the 3 character Health Plan mnemonic and xxxxxx is the 6 digit AHCCCS Health Plan ID
5. Proprietary files will be pulled and processed once a day by the Encounter Daily process

For X12 (837I, 837P, 837D) and NCPDP 5.1 Files

1. File name can be any name designated by the Health Plan/Program Contractor, but must not exceed 25 characters.
2. Files <u>cannot</u> be zipped.
3. Files <u>must be placed in folder hhh/Encounter/**IN**/PROD</u>, where hhh is the 3 digit Health Plan mnemonic. Please note this is **not** the same folder for the proprietary files and is a change from where X12 and NCPDP 5.1 files are currently dropped.
4. With the change in the BBA attestation process (outlined below), files will not be held for verification. Files will be validated and translated when received, and no outbound BBA emails will be sent.
5. Once a file is submitted there will be no ability for AHCCCSA staff to pull it out of the process. Please be certain that your files are ready for submission before placing them on the FTP site.
6. Files submitted for validation will have an "AHCCCS stamp" appended to the front of the file name. The stamp will be in format of AZtE_HPxxxxxx_ccyymmddhhmmssss, where:
   - t is I=Institution, P=Professional, D=Dental, N=NCPDP
   - xxxxxx is the health plan ID
   - ccyyymmdd is date pulled from FTP server
   - hhmmssss is time pulled from FTP server
7. Any file received in the folder hhh/Encounter/**IN**/PROD that is not an X12 or NCPDP 5.1 will be pulled from the FTP server and archived. No notification will be given and no further processing will occur. Please be careful to drop your files to the correct folder, as pulling

these files from archive to confirm your error will be a manual process which will delay your submissions.

8. File names will be displayed in the system as follows:
   - After validation, files will be viewed in Transaction Insight (TI) named as AZtE_HPxxxxxx_ccyymmddhhmmssss_originalfilename.edi
   - Acknowledgement files (i.e., 997, 824, TA1) on the FTP server will be named as AZtE_HPxxxxxx_ccyymmddhhmmssss_originalfilename.(997,824, or TA1)
   - After translation and importation to PMMIS (EC552) files will be named as "original file name"
9. The GS02 segment must contain the 6 digit Health Plan Id followed by the 3 digit TSN.

For 277U Files:

There are NO changes to the Outbound 277U process at this time. Current procedures, processes, and naming conventions will continue until further notice.

New BBA Attestation Solution

With implementation of the new EDI process and Validator solution, submitted files will no require certification emails and will therefore no longer be held to match with inbound emails for the BBA attestation process. As a result, no outbound emails will be sent from the BBA attestation process.

Please do not send any certifying emails for any type of Encounter files after the cutover to the new process.

The new BBA attestation process for X12 (837) files is as follows:

The Submitter Name Loop [1000A] allows for two repetitions of the PER segment. The new solution for the 837 transactions is to add one repetition of the PER Segment within the 1000A Submitter Name Loop. This allows the health plans to continue to submit a PER segment which indicates who to contact if a file has a problem.

The new (additional) PER segment should be formatted as follows:

PER*IC*NAME OF PERSON WHO CERTIFIES THE FILE*ED*
TOMYKNOWLEDGEINFORMATIONANDBELIEFTHEDATAINTHISFILEISACCU
RATECOMPLETEANDTRUE*EM*CERTIFIER@CERTIFIED.COM*TE*60212345
678~

Where:

PER01 = IC - Information Contact
PER02 = Submitter Contact Name, 1/60 AN [60 characters available]. The name of the person who is attesting to the file
PER03 = ED - Electronic Data Interchange Access Number. (There is no definition of just 'what' an ED Interchange Access Number is, so, it becomes "the certification" for the file.)
PER04 = Communication Number, in this instance the file certification. 1/80 AN [80 characters available]
PER05 = EM - Electronic Mail
PER06 = The email address of the person who certifies the file, which must be compliant with BBA specifications
PER07 = TE - Telephone Number
PER08 = Telephone Number of the person certifying the file

The new BBA attestation solution for NCPDP files:

Add an abbreviated attestation message in the trailer record of the Batch 1.1 [the transport mechanism for the 3.2 and the 5.1 transaction]. There is a 35 character

message field on the trailer. It is considered "Filler" in the 3.2 and 'empty' in the 5.1.

For example:
"Attested John Doe CFO" (again, must be compliant with BBA specifications)

504-F4	Message	A/N	35	21	55	